

Breastpump Loan/Release Form**Street Address****Name of Local WIC Provider
City, State, Zip****Phone Number**

Participant's Name _____ DCN# _____

Address: _____

Home Phone _____

Work Phone _____

Name, address and telephone number of 2 contact people:

Relationship _____

Relationship _____

____ I am currently enrolled in the "**LWP Name**" WIC program and will continue enrollment by keeping my WIC appointments. Failure to do so will require immediate return of the breastpump.

____ I understand that it is my responsibility to inform the WIC clinic of any change of address or phone number.

____ I understand that I am the only one authorized to use this pump. I will not loan this pump to anyone.

____ I have received instructions on assembly, use, disassembly and cleaning of the breastpump and the storage and handling of expressed breastmilk.

____ I understand that I am to return the breastpump clean and in the same condition that I received it.

____ I understand that when I am no longer using the pump, or at the request of the WIC staff, I will return the pump to the WIC office.

____ I understand that I am responsible for reimbursing the WIC program for the value of the pump (\$425), if it is lost or damaged.

____ I understand that the "**LWP Name**", its employees and the Missouri Department of Health and Senior Services are not responsible for any personal damage caused by the use of this pump or difficulties that may arise.**For Office Use Only:**

- ☐ Received \$____ refundable deposit. Refund will be issued when pump is returned clean and in good condition.
- ☐ Received \$____ toward purchase of Medela Lactina Double Pumping System. Monies are non-refundable and Pumping System is non-returnable.

Payment Type:

- ☐ Cash
- ☐ Check # _____

Comments:

Pump Serial Number _____

Date pump loaned _____

Date pump returned _____ Refund Returned _____

Condition of pump upon return - Clean Dirty Damaged Other

WIC Participant Signature _____ Date _____

WIC Employee _____ Date _____